

# Work Order ID 102324

May-28-13 8:06:41 AM

\*102324\*

Page 1

Item ID: D4387-041

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Harness Assembly

Start Date: 6/03/13 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 6/03/13 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-05-30 Tooling:

Date:

Run Start \*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_

Date:

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D4387

D

100

0.00

\*100\*

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: PO020033

P/N: 4192-1-021-2396

Possible supplier: Amsafe

Certificate of conformaty is required

*MLJ 8/13/13*

110

Receive & Inspect for Damage & Mat'l Certs

0.00

\*110\*

Packaging

Memo

0.00

Packaging

Ensure certificate of conformity is attached

*R 13/6/25 (8)*

120

QC5- Inspect part completeness to step on W/O

0.00

\*120\*

QC

Memo

0.00

Quality Control

*213*

*13 6 26*

*8*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 102324

\*102324\*

Page 2

May-28-13 8:06:41 AM

Item ID: D4387-041 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Harness Assembly  
 Start Date: 6/03/13 Start Qty: 8.00 \*8\* Cust Item ID:  
 Required Date: 6/03/13 Req'd Qty: 8.00 \*8\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Identify as per dwg & Stock Location: <u>ST263</u>	0.00							
*150*						8X			
Packaging	Memo	0.00							
Packaging									
160	QC21- Final Inspection - Work Order Release	0.00							
*160*									
QC	Memo	0.00							
Quality Control									

13/7/84  
 ME  
 13-7-8

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other _____
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# Picklist Print

May-28-13 8:06:40 AM

Page 1

Work Order ID: 102324  
Parent Item: D4387-041  
Parent Item Name: Harness Assembly

Start Date: 6/03/13

Required Date: 6/03/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP rev A 11.05.25 new issue EC verified by: DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
4192-1-021-2396 Harness Assembly		Purchased	No				Each	0.0000		8			

P43/425 (8)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

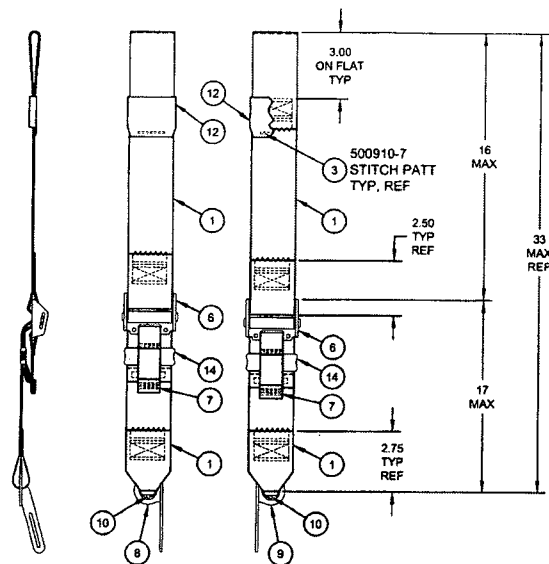
Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
--	---	---

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

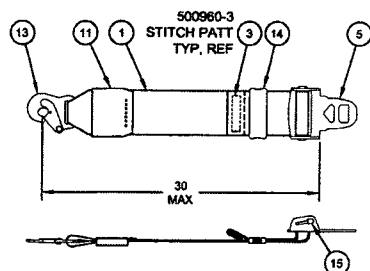
Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
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<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
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		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# SPECIFICATION CONTROL DRAWING

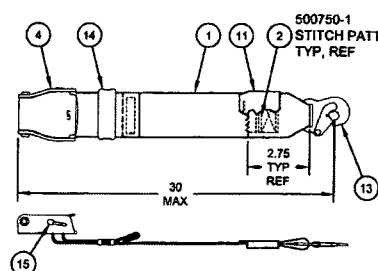


D4387-7

D4387-5



D4387-3



D4387-1

D4387-041 HARNESS ASSEMBLY

ITEM	QTY -041	QTY -1	QTY -3	QTY -5	QTY -7	DART P/N	DESCRIPTION	AMSAFE P/N OR MATERIAL P/N
	X					D4387-041	HARNESS ASSEMBLY	4192-1-021-2396
1		X				D4387-1	BUCKLE HALF	4192-2010212396
1			X			D4387-3	CONNECTOR HALF	4192-2030212396
1				X		D4387-5	SHOULDER STRAP	4192-2050212396
1					X	D4387-7	SHOULDER STRAP	4192-2060212396
1		A/R	A/R	A/R	A/R		WEBBING, POLYESTER	T1200-5
2		A/R	A/R	A/R	A/R		THREAD	207
3		A/R	A/R	A/R	A/R		THREAD	69
4		1					BUCKLE ASSY	502750-401
5			1				CONNECTOR ASSY	504459-417-72
6				1	1		ADJUSTER ASSY	503050-409
7				1	1		PULL TAB	500976-425
8				1	1		ADAPTER, HARNESS	505122-2-72
9				1	1		ADAPTER, HARNESS	505122-1-72
10				1	1		INSERT	AFG0568293
11		1	1				LABEL	447664
12				1	1		LABEL	447664
13		1	1				HOOK ASSY	502737-441-72
14		1	1	1	1		WEB SLIDE	503964-1
15		2	2				PLUG	502913

## NOTES:

- 1) PURCHASE: D4387-041/-1/-3/-5/-7 FROM AMSAFE INC., Phoenix, AZ.
- 2) FINISH: N/A
- 3) TOLERANCES: XX  $\pm 0.25$
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: USE PLASTIC ENGRAVED TAGS AND LABEL PER FAR 21.607 TO CONTAIN THE FOLLOWING AT MINIMUM:  
MANUFACTURER P/N: 4192-1-021-2396  
CUSTOMER P/N: D4387-041  
RATED: 3000 LBS DATE OF MFG  
CONFORMS TO FAA TSO-C114
- 7) WEIGHT: 1.75 lb
- 8) INDICATED DIMS ARE FULLY EXTENDED LENGTHS

RELEASED  
2013-04-02

UNCLASSIFIED  
DATE 10/23/2013 BY 102324 MJS  
1305-30

D	DELETED STITCHING - PICTORIAL CHANGE ONLY (ZN D8-2) AS PER NCR113-2237	SFM	13.01.23
C	16 MAX WAS 10 MAX. 17 MAX WAS 23 MAX. 30 MAX. WAS 24 MAX (4 PL). 26 MAX WAS 20 MAX UPDATE AMSAFE PART NUMBERS.	RP	12.05.01
B	3.000 TYP WAS 2.000 TYP (ZN D8-1) (REF. NCR11-644)	MB	11.08.07
A	NEW ISSUE (REF. CAR10-011)	MB	11.05.02
REV.	DESCRIPTION	BY	DATE
DESIGN	RF		
DRAWN	SFM		
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	13.01.23		

DART AEROSPACE LTD  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. DSC-D4387  
HARNESS ASSEMBLY  
REV. D  
SHEET 1 OF 2  
SCALE  
NTS

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WRITTEN PERMISSION FROM DART AEROSPACE LTD.



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO20033**

Purchase Order Date 30/05/2013

PO Print Date 30/05/2013

Page Number 1 of 1

**Order From :**

VU-AMS001

AMSAFE INC.  
1043 NORTH 47TH AVENUE  
PHOENIX, AZ 85043  
US

**Contact Name**

**Vendor Phone** 602 850 2850

**Vendor Fax** 602-278-3479

**Vendor Account Nbr**

**Buyer**

Chantal Lavoie

**Requisition Nbr**

**Tax Resale Nbr**

10127-2607

**Terms**

Net 30

**Currency**

USD

**FOB**

Destination-Collec

**FAXED**  
30/05/2013

**Ship To :**

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	4192-1-021-2396	Harness Assembly	07/06/2013 Yes	8.00 Each	FedEx PI collect	\$241.4000	\$1,931.20

**Special Inst:** MANUFACTURE AS PER DRAWING  
D4387 REV D  
BATCH 102324

CERTIFICATE OF CONFORMANTY  
REQUIRED

**PO Total:**

**\$1,931.20**

**Change Nbr:** 1

**Change Date:** 30/05/2013

No substitution or deviation without  
consent.

Certificate of Conformity or Material  
Certification required **YES** NO





# AmSafe

1043 NORTH 47th AVENUE  
PHOENIX, AZ 85043  
PH (602)850-2850 FAX (602)850-2812

## SHIPPER/CERTIFICATION



<b>CUSTOMER NO.</b>
10006113

<b>SALES ORDER NO.</b>
S256644

<b>BOL NO.</b>
000304350

<b>DATE PRINTED</b>
06/24/13

<b>PAGE NO.</b>
1

DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY  
HAWKESBURY, ON K6A 1K7  
Canada

DART AEROSPACE LTD.  
1270 ABERDEEN ST  
HAWKSBURY,, ON K6A 1K7  
Canada

Ship to ID: 10006125

<b>CUSTOMER ORDER NO.</b>
PO20033

<b>TERMS</b>
NET30

<b>FREIGHT</b>
COLLECT

<b>SHIP VIA</b>
FedEx P1 10:30 AM

<b>F.O.B.</b>
ORIGIN

Sales Order Remarks: 1517-9324-0  
Remarks:

SHIPMENT REFERENCE 000304350

LINE	ITEM NUMBER / DESCRIPTION	DRAWING AND CERTIFICATIONS	DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
1	4192-1-021-2396 REST SYS ASSY WO/IR	DRAWING: 4192 REV: E CERT: TSO-C114 Lot/Serial Numbers Shipped Quantity S256644-1 8.0	2013-06-24	8 Expire Ref.	8	0

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853

FAA TSO C22f, C22g, C114 or TSO Plus

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X

*Nicole Davis*

Printed Name:

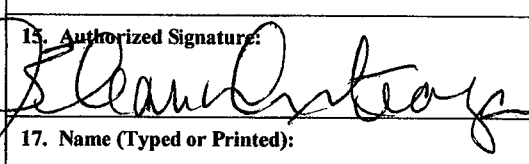
Nicole Davis

Dated:

JUN 24 2013

COUNTRY OF ORIGIN USA



1. Approving National Aviation Authority/Country: FAA/United States		<b>AUTHORIZED RELEASE CERTIFICATE</b> FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG				3. Form Tracking Number:  <b>S256644-1-EA</b>	
4. Organization Name and Address:  AMSAFE, INC 1043 NORTH 47 <sup>TH</sup> AVE PHOENIX, AZ. 85043 PT1967NM						5. Work Order/Contract/Invoice Number: S256644-1 0 PAGES ATTACHED	
6. Item:	7. Description:	8. Part Number:	9. Eligibility: *	10. Quantity:	11. Serial/Batch Number:	12. Status/Work:	
1	REST SYS ASSY	4192-1-021-2396	N/A	8	A0613	NEW	
13. Remarks: DRAWING: 4192 REV: E TSO: C114							
EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA							
14. Certifies the items identified above were manufactured in conformity to:				19. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 13			
<input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 13.				Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
15. Authorized Signature: 		16. Approval/Authorization No.: ODA 602112NM		20. Authorized Signature:		21. Approval/Certificate No.:	
17. Name (Typed or Printed): ELEANOR ARTEAGA		18. Date (m/d/y): JUN/24/2013		22. Name (Typed or Printed):		23. Date (m/d/y):	
<b>User/Installer Responsibilities</b>							
It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly.  Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/components/assemblies from the airworthiness authority of the country specified in Block 1.  Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.							